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Name (Print/Type) BRIAN J. PHILPOTT

PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| EITE | CUVB ON 12/08/2 | 2004. | | | Comple | te ii Kilowii | |
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| Peds pursuant to the Conso | lidated Appropri | ations Act, 2005 (H.R. | . 4818). • | Application Nun | nber 10/786, | 755 | |
| FEE TF | KANS | SMITTA | \L [| Filing Date | Februa | ry 24, 2004 | |
| DEC 1-5 2006 By FC | or FY 2 | 006 | | First Named Inv | entor Ibbetso | n, James | |
| DEC. | | | | Examiner Name Perry, A.T. | | 4.T. | |
| Application Claims small entity status. See 37 CFR 1.27 | | | | Art Unit 2879 | | | |
| TOTAL AMOUNT OF PA | YMENT (\$ | 910.00 | | Attorney Docke | | JS-7 | |
| METUOD OF DAYME | NT /obook ol | I that apply) | | | | | |
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| FEE CALCULATION | | | _ | <u> </u> | | | · |
| BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES | | | | | | | |
| | | FEES Small Entity | SEAR | CH FEES Small Entity | EXAMINATIO Sma | ON FEES I <mark>ll Entity</mark> | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | | ee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 1 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 3 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) | | | | | | | |
| Fee Description Each claim over 20 (including Reissues) | | | | | | | <u>Fee (\$)</u> 25 |
| Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200 | | | | | | | 100 |
| Multiple dependent claims 360 | | | | | | | 180 |
| Total Claims | Extra Clair | ms Fee (\$) | <u>Fee</u> | Paid (\$) | ! | <u>Multiple Depe</u> | ndent Claims |
| <u>42</u> 20 or HP = | | × <u> 50</u> | = | 0 | | <u>Fee (\$)</u> | Fee Paid (\$) |
| HP = highest number of to: Indep. Claims | tal claims paid fo Extra Clair | - | Eoo ! | Paid (\$) | _ | | |
| 3 -3 or HP = | CXUA CIAII | x 200 | = | 0 | | | , |
| HP = highest number of ind | | | an 3. | | | | |
| 3. APPLICATION SIZE If the specification an | E FEE Id drawings | exceed 100 sheet | s of pap | er (excluding e | electronically fi | iled sequence | or computer |
| listings under 37 (| | | | | | | |
| sheets or fraction | | 35 U.S.C. 41(a) | (1)(G) a | nd 37 CFR 1.1 | 6(s). | of Fee (\$) | Fee Paid (\$) |
| <u>Total Sheets</u> - 100 = | Extra She | <u>ets</u> <u>Numbe</u> / 50 = | | | or fráction there vhole number) | | = <u>ree Faiu (\$)</u> |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) | | | | | | | |
| Other (e.g., late filing surcharge): PETITION FOR 1 MONTH EXTENSION \$120 - RCE - 790 910.00 | | | | | | | |
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| SUBMITTED BY Signature | <u> </u> | | F | Registration No. | 20.000 | Telephone / | 905) 272 0060 |
| | | | | | | Telephone (805) 373-0060 | |
| Jame (Print/Type) RRIAN I | | | | | | Date 12/15/ | סטי |

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